2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03528

FILED Apr 28, 2009 Secretary of State

Entity Name: LAKEVIEW PRESBYTERIAN CHURCH OF ST. PETERSBURG, FLORIDA, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	VENUE SOUTH RSBURG, FL 33705			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
	VENUE SOUTH RSBURG, FL 33705			
FEI Number: FEI Number Applied For () FEI		FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
	TODD W AMBRA WAY SOUTH TERSBURG, FL 33712 US			
	e named entity submits this statement for the pure e of Florida.	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered Agent	t	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	VD () Delete MCKNIGHT, STEPHANE 766 13TH AVE S SAINT PETERSBURG, FL 33701	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ELD () Delete RAWSON, EDWARD 110 59TH AVE S. SAINT PETERSBURG, FL 33705	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ELD () Delete RAWSON, KATHRYN 110 59TH AVE S. SAINT PETERSBURG, FL 337055412	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EL () Delete BATES, VIOLA 1520 26TH AVE S ST PETERSBURG, FL 33705	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EL () Delete HOFF, WILMA 4895 BAY STREET NE #307 ST PETERSBURG, FL 33703	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () Delete COX, ANNE 2135 ANASTASIA WAY S ST PETERSBURG, FL 33712	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIELLE ASTA ADM 04/28/2009